

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26902

1. PLACE OF DEATH

55 County Lawrence Registration District No. 470
Township Mt. Vernon Primary Registration District No. 5633
City (No. St. Ward)

2. FULL NAME Ruth Ann Greathouse

(a) Residence, No. R.F.D. 3 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.T. Greathouse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II-28-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

13. NAME J.C. Johnson

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Jane Cox

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. J.L. Eden (ADDRESS) Aurora Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Orange Cemetery DATE Aug. 12 1933

19. UNDERTAKER J.F. King Funeral Home (ADDRESS) Aurora Missouri

20. FILED Aug. 14 1933 P.A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August II 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933, to August 11 1933
Last saw her alive on August 11 1933 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset 1928

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Blind Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm. S. Sibley, M. D.

(Address) Mt. Vernon Mo.

